

# QUARTERLY STATEMENT

AS OF June 30, 2007

OF THE CONDITION AND AFFAIRS OF THE

## Midwest Health Plan, Inc.

NAIC Group Code	0000	, 0000	NAIC Company Code	95814	Employer's ID Number	38-3123777
	(Current Period)	(Prior Period	)			
Organized under the Laws of		Michigan	State of Don	nicile or Port of Entry	N	lichigan
Country of Domicile		United States of America	a			
Licensed as business type:	Life, Accident & I Dental Service C Other[ ]		Property/Casualty[ ] Vision Service Corporation[ ] Is HMO Federally Qualified? Yes[ ] I	Health M	Medical & Dental Service or Ir laintenance Organization[X]	idemnity[ ]
Incorporated/Organized		01/01/1994	Comm	nenced Business	01/01/19	94
Statutory Home Office		5050 Schaefer I	Road ,,		Dearborn, MI 48126	
Main Administrative Office		(Street and Num	*	haefer Road	(City, or Town, State and Zip Co	de)
		Dearborn, MI 48126	(Street a	and Number)	(313)581-3700	
		own, State and Zip Code)			(Area Code) (Telephone Nu	mber)
Mail Address		5050 Schaefer I (Street and Number or			Dearborn, MI 48126 (City, or Town, State and Zip Co	
Primary Location of Books an	d Records	(Outdot and Hambol of		5050 Schaefer	(only, or form, onto and hip oo	
	Dea	arborn, MI 48126	(	Street and Number)	(313)581-3700	
		own, State and Zip Code)			(Area Code) (Telephone Nu	mber)
Internet Website Address		www.midwesthea	althplan.com			
Statutory Statement Contact		Allen A. Kess	<u> </u>		(313)586-6064	
	akessler@	Name) midwesthealthplan.com)	9)		(Area Code)(Telephone Number) (313)581-8699	(Extension)
5.11. 5.41		E-Mail Address)			(Fax Number)	
Policyowner Relations Contac	ct		(	Street and Number)		
	(City, or T	own, State and Zip Code)			(Area Code) (Telephone Number)	(Extension)
		Mark H. Tucker MD  Mark Saffer DPM Rick Poston DO Sandra Boyd	Mark Saffer DPM Jack Shapiro MD Secretary Treasurer  OTHERS  DIRECTORS OR TRUST	Allen A. Kessl <b>EES</b> Jack Shapiro Robert Rubin Myra Gamble	MD DPM	
The officers of this reporting e the herein described assets whith related exhibits, schedule said reporting entity as of the statement Instructions and Acreporting not related to accour described officers also include	ere the absolute pr s and explanations reporting period sta counting Practices nting practices and s the related corre	operty of the said reporti- therein contained, anne- ted above, and of its inco- and Procedures manual procedures, according to sponding electronic filing	ay that they are the described officers on gentity, free and clear from any liens xed or referred to, is a full and true stattome and deductions therefrom for the pexcept to the extent that: (1) state law to the best of their information, knowledgwith the NAIC, when required, that is a gulators in lieu of or in addition to the er	or claims thereon, ex- ement of all the asset- eriod ended, and hav may differ; or, (2) tha ge and belief, respection exact copy (except	cept as herein stated, and that is and liabilities and of the concre been completed in accordant state rules or regulations requively. Furthermore, the scope	this statement, together dition and affairs of the ce with the NAIC Annual uire differences in of this attestation by the
•	Signature) ark Saffer		(Signature) Jack Shapiro		(Signature) Robert Rubin	
	inted Name)		(Printed Name)		(Printed Name)	
F	1. President		2. Secretary		3. Treasurer	
	(Title)		(Title)		(Title)	
Subscribed and sworn day of	to before me this	, 2007	<ul><li>a. Is this an original filing?</li><li>b. If no,</li><li>1. State the amendment</li><li>2. Date filed</li><li>3. Number of pages atta</li></ul>		Yes[X] No[]	  
(Notary Public	Signature)	-				

# **ASSETS**

	AUUL		1 Ot-t 1 D-t		4
	_	1	irrent Statement Dat	<u>е</u> 3	4
		'	2	Net Admitted	December 31,
			Nonadmitted	Assets	Prior Year Net
		Assets	Assets	(Cols. 1 - 2)	Admitted Assets
1	Pondo				1,005,792
1.		1,000,517		1,000,317	1,005,792
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate:				
''	4.1 Properties occupied by the company (less \$0				
	encumbrances)				
	4.2 Properties held for the production of income (less \$0				
	encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)				
5.	Cash (\$8,100,364), cash equivalents (\$13,289,527) and				
	short-term investments (\$28,274,281)	49.664.172		49.664.172	44.094.946
6.	Contract loans (including \$0 premium notes)				
	. ,				
7.	Other invested assets				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	50,672,488		50,672,488	45,100,738
11.	Title plants less \$ 0 charged off (for Title insurers only)				
12.	Investment income due and accrued				
13.	Premiums and considerations:	,		•	·
	13.1 Uncollected premiums and agents' balances in the course of				
	· · · · · ·				
	collection				
	13.2 Deferred premiums, agents' balances and installments booked				
	but deferred and not yet due (including \$0 earned but				
	unbilled premiums)				
	13.3 Accrued retrospective premiums				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers	209 126		209 126	239 377
	14.2 Funds held by or deposited with reinsured companies	·			
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans				
16.1	Current federal and foreign income tax recoverable and interest thereon	189,000		189,000	
16.2	Net deferred tax asset	449,000	449,000		
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software				
19.	Furniture and equipment, including health care delivery assets				
13.		000 504	200 504		
	(\$0)	·	· ·		
20.	Net adjustments in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				
22.	Health care (\$577,875) and other amounts receivable	577,875		577,875	651,655
23.	Aggregate write-ins for other than invested assets				
24.	Total assets excluding Separate Accounts, Segregated Accounts and				
	Protected Cell Accounts (Lines 10 to 23)	52 684 526	749 840	51 934 687	46 259 391
25.	From Separate Accounts, Segregated Accounts and Protected Cell	02,001,020		01,001,001	10,200,001
25.					
	Accounts				
26.	Total (Lines 24 and 25)	52,684,526	749,840	51,934,687	46,259,391
	ILS OF WRITE-INS	Т	Т		<u> </u>
0901.					
0902. 0903.					
1	Summary of remaining write-ins for Line 9 from overflow page				
0999.	· · · · · · · · · · · · · · · · · · ·				
	Leasehold Improvements				
2302.	•				
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page		<u></u>	<u> </u>	

# STATEMENT AS OF June 30, 2007 OF THE Midwest Health Plan, Inc. LIABILITIES, CAPITAL AND SURPLUS

	,				Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$0 reinsurance ceded)	16,149,489		16,149,489	12,165,032
2.	Accrued medical incentive pool and bonus amounts	1,212,429		1,212,429	1,151,905
3.	Unpaid claims adjustment expenses	671,272		671,272	671,584
4.	Aggregate health policy reserves				
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	167,605		167,605	
9.	General expenses due or accrued	503,381		503,381	447,260
10.1	Current federal and foreign income tax payable and interest thereon (including				
	\$0 on realized gains (losses))				354,990
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0				
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	23,922		23,922	182,923
16.	Payable for securities				
17.	Funds held under reinsurance treaties with (\$0 authorized reinsurers and				
	\$0 unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured plans				
21.	Aggregate write-ins for other liabilities (including \$0 current)	879,201		879,201	1,917,109
22.	Total liabilities (Lines 1 to 21)	19,607,299		19,607,299	16,890,803
23.	Aggregate write-ins for special surplus funds	X X X	X X X		
24.	Common capital stock	X X X	X X X	186,230	186,230
25.	Preferred capital stock	X X X	X X X		
26.	Gross paid in and contributed surplus	X X X	X X X	33,770	33,770
27.	Surplus notes	X X X	X X X		
28.	Aggregate write-ins for other than special surplus funds	X X X	X X X		
29.	Unassigned funds (surplus)	X X X	X X X	32,107,388	29,148,589
30.	Less treasury stock, at cost:				
	30.10 shares common (value included in Line 24 \$0)	X X X	X X X		
	30.20 shares preferred (value included in Line 25 \$	X X X	X X X		
31.	Total capital and surplus (Lines 23 to 29 minus Line 30)	X X X	X X X	32,327,388	29,368,589
	Total Liabilities, capital and surplus (Lines 22 and 31)				
2101. 2102.	MDCH QA Assessment Fee			·	
2103.					
2198. 2199.	Summary of remaining write-ins for Line 21 from overflow page				
2301.	TOTALS (Lines 2101 tillough 2103 plus 2130) (Line 21 above)				1,917,109
2302. 2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	X X X	X X X		
2801. 2802.					
2803.		X X X	X X X		
2898. 2899.	Summary of remaining write-ins for Line 28 from overflow page				

# STATEMENT AS OF June 30, 2007 OF THE Midwest Health Plan, Inc. STATEMENT OF REVENUE AND EXPENSES

	OTATEMENT OF INEVERSE			
		Current Ye	ear To Date	Prior Year To Date
		1	2	3
		Uncovered	Total	Total
1.	Member Months	X X X	379,881	339,319
2.	Net premium income (including \$0 non-health premium income)	x x x	85,668,914	63,644,572
3.	Change in unearned premium reserves and reserves for rate credits	x x x		
4.	Fee-for-service (net of \$ 0 medical expenses)	x x x		
5.	Risk revenue			
6.	Aggregate write-ins for other health care related revenues	xxx	(4.861.901)	(3.604.692)
7.	Aggregate write-ins for other non-health revenues		,	•
8.	Total revenues (Lines 2 to 7)			
	al and Medical:		00,007,013	00,039,000
-			40 700 077	20 544 040
9.	Hospital/medical benefits			
10.	Other professional services			
11.	Outside referrals		521,952	868,447
12.	Emergency room and out-of-area		5,268,140	4,591,049
13.	Prescription drugs		10,477,006	9,366,080
14.	Aggregate write-ins for other hospital and medical			
15.	Incentive pool, withhold adjustments and bonus amounts		695,718	681,596
16.	Subtotal (Lines 9 to 15)		71,241,524	52,268,515
Less:				
17.	Net reinsurance recoveries			
18.	Total hospital and medical (Lines 16 minus 17)			
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including \$0 cost containment expenses			
21.	General administrative expenses		4,760,994	4,306,447
22.	Increase in reserves for life and accident and health contracts (including \$0 increase			
	in reserves for life only)			
23.	Total underwriting deductions (Lines 18 through 22)		77,687,878	58,196,714
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	X X X	3,119,134	1,843,166
25.	Net investment income earned		1,310,258	997,451
26.	Net realized capital gains (losses) less capital gains tax of \$0			
27.	Net investment gains or (losses) (Lines 25 plus 26)		1,310,258	997,451
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered			
	\$0) (amount charged off \$0)]			
29.	Aggregate write-ins for other income or expenses			
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24			
50.			4,429,393	2 940 617
0.4	plus 27 plus 28 plus 29)			
31.	Federal and foreign income taxes incurred			
32.	Net income (loss) (Lines 30 minus 31)	X X X	2,923,393	1,874,807
	Revenue - Other	X X X	82,275	84,349
	MDCH QA Assessment Fee		(5,043,460)	
	Management Income - Related Party			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)			
0701.				
0702. 0703.				
0798.	Summary of remaining write-ins for Line 7 from overflow page			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)			
1401. 1402.				
1403.				
1498.	Summary of remaining write-ins for Line 14 from overflow page			
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)			
2901.				
2901. 2902.				
2901.				

# **STATEMENT OF REVENUE AND EXPENSES (Continued)**

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	29,368,588	23,580,185	23,580,185
34.	Net income or (loss) from Line 32	2,923,393	1,874,807	6,009,219
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$			
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	35,407	(26,620)	(220,816)
40.	Change in unauthorized reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in		33,770	33,770
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in			
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital		(33,770)	(33,770)
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	2,958,799	1,848,187	5,788,403
49.	Capital and surplus end of reporting period (Line 33 plus 48)	32,327,387	25,428,372	29,368,588
4701.	LS OF WRITE-INS			
4702.				
4703. 4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

# **CASH FLOW**

		OAGIII LOW		1
			1 Current Year	2 Prior Year Ended
			To Date	December 31
		Cash from Operations		
	Premiums collecte	d net of reinsurance	85,836,519	128,668,068
	Net investment inc	ome	1,289,158	2,096,67
	Miscellaneous inco	me	(4,861,901)	(7,301,067
	Total (Lines 1 to 3)		82,263,776	123,463,67
	Benefit and loss re	lated payments	67,166,293	104,385,50
	Net transfers to Se	parate Accounts, Segregated Accounts and Protected Cell Accounts		
		enses paid and aggregate write-ins for deductions		
	•	olicyholders		
		n income taxes paid (recovered) net of \$0 tax on capital gains (losses)		
).	·	igh 9)		
/.  .	•	rations (Line 4 minus Line 10)		
•	riot casir irom ope	Cash from Investments	0,700,040	0,722,00
<u>2</u> .	Drocoods from inv	estments sold, matured or repaid:		
				1 016 00
	• •	oans		
		9		
		sted assets		
	12.6 Net gains	or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellane	ous proceeds		
	12.8 Total inves	tment proceeds (Lines 12.1 to 12.7)		1,016,00
	Cost of investment	s acquired (long-term only):		
	13.1 Bonds			1,004,95
	13.2 Stocks			
	13.3 Mortgage I	oans		
	13.4 Real estat	<b>3</b>		
	13.5 Other inve	sted assets		
	13.6 Miscellane	ous applications		
	13.7 Total inves	stments acquired (Lines 13.1 to 13.6)		1,004,95
	Net increase (or de	crease) in contract loans and premium notes		
		stments (Line 12.8 minus Lines 13.7 and 14)		
		Cash from Financing and Miscellaneous Sources		
	Cash provided (app	blied):		
		tes, capital notes		
	-	d paid in surplus, less treasury stock		
		funds		
		ts on deposit-type contracts and other insurance liabilities		
	•	to stockholders		
		provided (applied)		
		ncing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	,	
•			(1,130,122)	(500,56
,		LIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	E E00 000	E 000 00
<b>3</b> .	_	n, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	5,569,226	5,226,86
).	•	lents and short-term investments:		
	• •	of year		
	19.2 End of per	iod (Line 18 plus Line 19.1)  Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:		44,094,94
		Supplemental Disclosules of Cash Flow infolhation for Noti-Cash Hansactions:	Amount	Amount
		Description	1	2

		Amount	Amount
	Description	1	2
20.0001			

# **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

		1	Comprehensive (H	Hospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
		Tatal	landii daleenl	0	Medicare	Vision	Dental	Employees Health	Title XVIII	Title XIX	044
		Total	Individual	Group	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Other
Total I	Members at end of:										
1.	Prior Year	59,381							137	59,244	
2.	First Quarter	63,198							132	63,066	
3.	Second Quarter	64,341							145	64,196	
4.	Third Quarter										
5.	Current Year										
6.	Current Year Member Months	379,881							813	379,068	
Total I	Member Ambulatory Encounters for Period:										
7.	Physician	157,749							486	157,263	
8.	Non-Physician	95,683							349	95,334	
9.	Total	253,432							835	252,597	
10.	Hospital Patient Days Incurred	12,019							166	11,853	
11.	Number of Inpatient Admissions	2,834							29	2,805	
12.	Health Premiums Written (a)	85,668,914							943,306	84,725,608	
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written										
15.	Health Premiums Earned	85,668,914							943,306	84,725,608	
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	67,129,124							791,097	66,338,027	
18.	Amount Incurred for Provision of Health Care										
	Services	71,241,524	<u></u>		<u></u> .				<u>811,1</u> 90	70,430,334	<u></u>

<sup>(</sup>a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.............0.

STATEMENT AS OF June 30, 2007 OF THE Midwest Health Plan, Inc.

# CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered						
0499999 Subtotals						
0599999 Unreported claims and other claim reserves						
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						16,149,489
0899999 Accrued Medical Incentive Pool And Bonus Amounts						1,212,429

## **UNDERWRITING AND INVESTMENT EXHIBIT**

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

					-	5	6
				Liability			
		Cla	ims	End	d of		
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec.31 of	During the	in Prior Years	Dec.31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)						
2.	Medicare Supplement						
3.	Dental only						
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare						
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	9,718,679	57,420,544	1,986,616	14,162,873	11,705,295	12,165,032
10.	Healthcare receivables (a)	645,294			577,875	645,294	645,294
11.	Other non-health						
12.	Medical incentive pools and bonus amounts						
13.	Totals	9,703,105	57,426,019	2,326,499	14,457,544	12,029,604	12,671,643

<sup>(</sup>a) Excludes \$...... loans or advances to providers not yet expensed.

### **Notes to Financial Statement**

Summary of Significant Accounting Policies	
No Change	
2. Accounting Change and Correction of Errors	
No Change	
3. Business Combination and Goodwill	
No Change	
4. Discontinued Operations	
No Change	
5. Investments	
None	
6. Joint Ventures, Partnerships and Limited Liability Com	panies
No Change.	
7. Investment Income	
For the six months ended June 30, 2007, interest income wa	as from:
Cash Cash Equivalents, Short-term investments and bonds	\$200,475 1,109,783
Total	\$1,310,258
8. Derivative Instruments	
No Change	
9. Income Taxes	
No Change in the Non-Admitted Deferred Tax Asset. \$1,506,000 is the estimated Federal Income Tax for the six	months ended June 30, 2007
10. Information Concerning Parent, Subsidiaries and Affili	iates
No Change	
11. Debt	
No Change	
12. Employee Benefit Plan	
No Change	
13. Capital and Surplus, Shareholders' Dividend Restriction	ons and Quasi-Reorganizations
No Change	
14. Contingencies	
None	
15. Leases	
No Change	
16. Information About Financial Instruments with Off-Bala of Credit Risk.	nce Sheet Risk and Financial Instruments with Concentrations

None

## **Notes to Financial Statement**

17. Sales, Transfer and Servicing of Financial Assets and Extinguishment of Liabilities

	None
1	8. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans.
	None
1	9. Direct Premium Written/Produced by Managing General Third Agents/Third Party Administrators
	No Change
2	0. September 11 Events
	No Change
2	1. Other Items
	None
2	2. Events Subsequent
	None.
2	3. Reinsurance
	No Change
2	4. Retrospectively Rated Contracts and Contracts Subject to Redetermination.
	No Change
2	5. Change in Incurred Claims and Claims Adjustment Expenses
	No Change in methodology
2	6. Intercompany Pooling Arrangements
	No Change
2	7. Structured Settlements
	No Change
2	8. Health Care Receivables - Admitted
	No Change in methodology - All receivables received within 90 days
2	9. Participating Policies
	None
3	0. Premium Deficiency Reserves
	None
3	1. Anticipated Salvage and Subrogation
	None

GENERAL INTERROGATORIES
(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

#### **PART 1 - COMMON INTERROGATORIES**

#### **GENERAL**

	<ul><li>1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?</li><li>1.2 If yes, has the report been filed with the domiciliary state?</li></ul>								Yes[ ] No[X] Yes[ ] No[ ] N/A[X]
	Has any chareporting en		of this statement in the cha	rter, by-laws, ar	ticles of incorpora	ation, or deed of	settlement of the		Yes[] No[X]
3.	Have there	been any substantial changes in lete the Schedule Y - Part 1 - or	the organizational chart sing	ce the prior qua	rter end?				Yes[] No[X]
4.1 4.2	Has the report	orting entity been a party to a medethe name of entity, NAIC Conxist as a result of the merger or o	erger or consolidation during	the period cover omicile (use two	ered by this state letter state abbre	ment? eviation) for any	entity that has		Yes[] No[X]
		N	1 ame of Entity		2 NAIC Company	Code	3 State of Domi	cile	
6.1	attorney-in-f If yes, attac State as of v State the as	ng entity is subject to a manage act, or similar agreement, have the nan explanation.  What date the latest financial exa of date that the latest financial examples.	there been any significant ch imination of the reporting en examination report became	nanges regardin itity was made o available from e	g the terms of the r is being made. ither the state of	agreement or p	orincipals involve		Yes[] No[] N/A[X]
6.3	State as of the reporting	be the date of the examined bal what date the latest financial exa g entity. This is the release date	mination report became ava	ailable to other s	states or the publi	ic from either the	e state of domicil tion (balance sh	e or eet	12/31/2003
6.4	date). By what dep Department	partment or departments? of Labor & Economic Growth (E	DLEG), Office of Financial &	Insurance Serv	ices				06/16/2005
	or revoked b	orting entity had any Certificates by any governmental entity during full information	s of Authority, licenses or reg g the reporting period?	gistrations (inclu	ding corporate re	egistration, if app	licable) suspend	ed	Yes[] No[X]
8.2 8.3	If response Is the comp If response federal regu Thrift Super	any a subsidiary of a bank holdir to 8.1 is yes, please identify the any affiliated with one or more b to 8.3 is yes, please provide belatory services agency [i.e. the Fvision (OTS), the Federal Depose primary federal regulator.	name of the bank holding co anks, thrifts or securities firm ow the names and location ( ederal Reserve Board (FRE	ompany. ns? (city and state o 3), the Office of	f the main office) the Comptroller o	of the Currency (	OCC), the Office	of y	Yes[] No[X] Yes[] No[X]
		1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC	
		7 miliato ramo		. Yes[] No[X]	Yes[] No[X]	. Yes[ ] No[X]	Yes[] No[X]	. Yes[] No	
9.1	similar funct (a) Honest relation (b) Full, fai (c) Compli (d) The pro	or officers (principal executive o ions) of the reporting entity subjust and ethical conduct, including the ships; r, accurate, timely and understale ance with applicable government internal reporting of violatio tability for adherence to the cod	ect to a code of ethics, whic ne ethical handling of actual ndable disclosure in the peri tal laws, rules and regulation ns to an appropriate person	h includes the for or apparent con iodic reports rec ns;	counting officer of oblowing standard officts of interest buried to be filed buried to buried to be filed buried to be filed buried to be filed buried to buried to be filed buried to b	ls? Detween persona By the reporting of	al and profession		Yes[X] No[ ]
9.2 9.21 9.3	If the respondence of the respon	onse to 9.1 is No, please explain de of ethics for senior managers onse to 9.2 is Yes, provide informations of the code of ethics to 9.3 is Yes, provide the name to 9.3 is Yes, provide the 9.3 is Yes, provide the name to 9.3 is Yes, provide the name to 9.3 is Yes, provide the 9.3 is Yes, provi	: been amended? nation related to amendmen been waived for any of the s	it(s). pecified officers	?				Yes[] No[X] Yes[] No[X]
10.1 10.2	Does the relationship	eporting entity report any amoun cate any amounts receivable fron	ts due from parent, subsidian parent included in the Pag	aries or affiliates ge 2 amount:	on Page 2 of this	s statement?		\$.	Yes[ ] No[X]
	Has there	oeen any change in the reportinູ olain:		NVESTME	NT				Yes[ ] No[X]
12.1	Were any of	of the stocks, bonds, or other as: another person? (Exclude securi full and complete information re	ities under securities lending	paned, placed u g agreements.)	nder option agree	ement, or otherw	ise made availab	ble	Yes[] No[X]
13.		real estate and mortgages held	-	Schedule BA:				\$.	
14.	Amount of	real estate and mortgages held	in short-term investments:						C
		Amount of real estate and mortgages held in short-term investments:  Does the reporting entity have any investments in parent, subsidiaries and affiliates?  If yes, please complete the following:							

# **GENERAL INTERROGATORIES (Continued)**

		1	2
		Prior Year-End	Current Quarter
		Book/Adjusted	Book/Adjusted
		Carrying Value	Carrying Value
15.21	Bonds		
15.22	Preferred Stock		
15.23	Common Stock		
15.24	Short-Term Investments		
15.25	Mortgages Loans on Real Estate		
15.26	All Other		
15.27	Total Investment in Parent, Subsidiaries and Affiliates		
	(Subtotal Lines 15.21 to 15.26)		
15.28	Total Investment in Parent included in Lines 15.21 to 15.26		
	above		

16.1	Has the re	eportina ent	ity entered int	o any hedging	transactions r	eported on	Schedule DB
10.1	TIGO LITO TO	porting on	ity chiched int	o arry ricaging	ti di iodotiono i	cportou on	Concadic DD

16.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[ ] No[X] Yes[ ] No[ ] N/A[X]

17. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV. H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

Yes[X] No[]

1	2
Name of Custodian(s)	Custodian Address
LaSalle Bank N.A Wealth Management Group	2600 West Big Beaver Road, Troy, MI 48084

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?

Yes[] No[X]

17.4 If yes, give full and complete information relating thereto:

1	2	3	4
		Date	
Old Custodian	New Custodian	of Change	Reason

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository		
Depository	Name(s)	Address

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[]

18.2 If no, list exceptions:

STATEMENT AS OF  $June~30,\,2007$  of the Midwest~Health~Plan,~Inc.

#### **SCHEDULE A - VERIFICATION**

**Real Estate** 

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Increase (decrease) by adjustment		
3.	Cost of acquired		
4.	Cost of additions to and permanent improvements		
5.	Total profit (loss) on sales		
6.	Increase (decrease) by foreign exchange adjustment		
7.			
8.	Book/adjusted carrying value at end of current period		
9.	Total valuation allowance		
10.	Subtotal (Lines 8 plus 9)		
11.	Total nonadmitted amounts		
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)		

#### **SCHEDULE B - VERIFICATION**

Mortgage Loans

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book value/recorded investment excluding accrued interest on mortgages owned, December 31 of prior year .		
2.	Amount loaned during period:		
	2.1 Actual cost at time of acquisitions		
	2.2 Additional investment made after acquisitions		
3.	Accrual of discount and mortgage interest points and commitment fees		
4.	Increase (decrease) by adjustment		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period		
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.	Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets		
10.	column)		

#### **SCHEDULE BA - VERIFICATION**

Other Invested Assets

		1	2
			Prior Year Ended
	Description	Year To Date	December 31
1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year		
2.	Cost of acquisitions during period:		
	2.1 Actual cost at time of acquisitions		
	2.2 Additional investment made after acquisitions		
3.	Accrual of discount		
4.	Increase (decrease) by adjustment		
5.	Total profit (loss) on sale		
6.	Amounts paid on account or in full during the period		
7.	Total profit (loss) on sale  Amounts paid on account or in full during the period  Amortization of premium  NONE		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book/adjusted carrying value of long-term invested assets at end of current period		
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		
12.	Total nonadmitted amounts		
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)		

#### **SCHEDULE D - VERIFICATION**

Bonds and Stocks

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	1,005,792	1,003,102
2.	Cost of bonds and stocks acquired		1,004,950
3.	Accrual of discount	2,525	13,740
4.	Increase (decrease) by adjustment		
5.	Increase (decrease) by foreign exchange adjustment		
6.	Total profit (loss) on disposal		
7.	Consideration for bonds and stocks disposed of		
8.	Amortization of premium		
9.	Book/adjusted carrying value, current period	1,008,317	1,005,792
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)	1,008,317	1,005,792
12.	Total nonadmitted amounts		
13.	Statement value	1,008,317	1,005,792

# **SCHEDULE D - PART 1B**

# Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	Baring in S	arrent Quart	ci ioi ali bo	ilas alla i ic	ierreu Stock	by Ruting C	1455		
		1	2	3	4	5	6	7	8
		Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
		Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
		Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
		Current Quarter	Quarter	Quarter	<b>Current Quarter</b>	First Quarter	Second Quarter	Third Quarter	Prior Year
BOND	S								
1.	Class 1	33,974,776	20,701,671	25,395,112	1,262	33,974,776	29,282,598		21,219,633
2.	Class 2								
3.	Class 3								
4.	Class 4								
5.	Class 5								
6.	Class 6								
7.	Total Bonds				1,262	33,974,776	29,282,598		21,219,633
PREFI	ERRED STOCK								
8.	Class 1								
9.	Class 2								
10.	Class 3								
11.	Class 4								
12.	Class 5								
13.	Class 6								
14.	Total Preferred Stock								
15.	Total Bonds & Preferred Stock				1,262	33,974,776	29,282,598		21,219,633

#### **SCHEDULE DA - PART 1**

**Short - Term Investments Owned End of Current Quarter** 

	• • • • • • • • • • • • • • • • • • • •	***************************************			
	1	2	3	4	5
	Book/Adjusted				Paid for Accrued
	Carrying		Actual	Interest Collected	Interest
	Value	Par Value	Cost	Year To Date	Year To Date
8299999. Totals	28,274,281	X X X	28,274,281	719,055	

#### **SCHEDULE DA - PART 2 - Verification**

**Short-Term Investments Owned** 

	Onort-Term investments Owned		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	20,213,841	34,408,091
2.	Cost of short-term investments acquired	44,760,406	65,854,787
3.	Increase (decrease) by adjustment		
4.	Increase (decrease) by foreign exchange adjustment		
5.	Total profit (loss) on disposal of short-term investments		
6.	Consideration received on disposal of short-term investments	36,699,966	80,049,037
7.	Book/adjusted carrying value, current period	28,274,281	20,213,841
8.	Total valuation allowance		
9.	Subtotals (Lines 7 plus 8)	28,274,281	20,213,841
10.	Total nonadmitted amounts		
11.	Statement value (Lines 9 minus 10)	28,274,281	20,213,841
12.	Income collected during period	719,055	2,124,843
13.	Income earned during period		

15	Schedule DB Part F Section 1	DNE
16	Schedule DB Part F Section 2NC	DNE
17	Schedule S Ceded ReinsuranceNC	DNE

STATEMENT AS OF June 30, 2007 OF THE Midwest Health Plan, Inc.

### SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

**Current Year to Date - Allocated by States and Territories** 

		<u>Current</u>	urrent Year to Date - Allocated by States and Territories  Direct Business Only										
		1 Is Insurer Licensed (Yes or	2 Accident and Health	3 Medicare	4 Medicaid	5 Federal Employees Health Benefits Program	6 Life and Annuity Premiums and Other	7 Property/ Casualty	8 Total Columns	9 Deposit-Type			
	State, Etc.	No)	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts			
1.	Alabama (AL)	1											
2.	Alaska (AK)												
3.	Arizona (AZ)												
4.	Arkansas (AR)												
5.	California (CA)	No											
6.	Colorado (CO)												
7.	Connecticut (CT)												
8.	Delaware (DE)												
9.	District of Columbia (DC)												
10.	Florida (FL)												
11.	Georgia (GA)												
12.	Hawaii (HI)												
13.	Idaho (ID)												
14.	Illinois (IL)												
15.	Indiana (IN)												
16.	lowa (IA)												
17.	Kansas (KS)												
18.	Kentucky (KY)												
19.	Louisiana (LA)	No											
20.	Maine (ME)												
21.	Maryland (MD)	No											
22.	Massachusetts (MA)												
23.	Michigan (MI)												
24.	Minnesota (MN)												
25.	Mississippi (MS)												
26.	Missouri (MO)												
27.	Montana (MT)												
28.	Nebraska (NE)							1					
29.	Nevada (NV)												
30.	New Hampshire (NH)												
31.	New Jersey (NJ)												
32.	New Mexico (NM)							1					
33.	New York (NY)												
34.	North Carolina (NC)												
	North Dakota (ND)												
35.													
36.	Ohio (OH)												
37.	Oklahoma (OK)												
38.	Oregon (OR)												
39.	Pennsylvania (PA)												
40.	Rhode Island (RI)												
41.	South Carolina (SC)												
42.	South Dakota (SD)												
43.	Tennessee (TN)												
44.	Texas (TX)												
45.	Utah (UT)												
46.	Vermont (VT)												
47.	Virginia (VA)												
48.	Washington (WA)												
49.	West Virginia (WV)												
50.	Wisconsin (WI)												
51.	Wyoming (WY)	No											
52.	American Samoa (AS)												
53.	Guam (GU)	No											
54.	Puerto Rico (PR)												
55.	U.S. Virgin Islands (VI)												
56.	Northern Mariana Islands (MP)												
57.	Canada (CN)												
58.	Aggregate other alien (OT)												
59.	Subtotal								85,908,288				
60.	Reporting entity contributions for			311,002	5.,500,001				33,333,200				
33.	Employee Benefit Plans	X X X .											
61.	Total (Direct Business)			944,632					85,908,288				
	ILS OF WRITE-INS	(u) · · ·		1 544,032	1 0-1,000,007			<u> </u>	1 00,000,200				
5801.	ILO OF WRITE-INO	X X X .		1									
5802.													
5803.	Common of remaining units in a for	X X X .											
5898.	Summary of remaining write-ins for	VVV											
E000	Line 58 from overflow page	X X X .											
5899.	TOTALS (Lines 5801 through 5803			1									
	plus 5898) (Line 58 above)	X X X .											

# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART

NONE

STATEMENT AS OF June 30, 2007 OF THE Midwest Health Plan, Inc.

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**RESPONSE** 

No

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

Bar Codes:

Medicare Part D Coverage Supplement

### **OVERFLOW PAGE FOR WRITE-INS**

# STATEMENT OF REVENUE AND EXPENSES

		_/		
		Current Ye	ar To Date	Prior Year
				To Date
		1	2	3
		Uncovered	Total	Total
0604.	Child & Adolescent Health Center Fee	X X X	(386,465)	(340,598)
0697.	Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	X X X	(386,465)	(340,598)

E01	Schedule A Part 2NONE
E01	Schedule A Part 3NONE
E02	Schedule B Part 1NONE
E02	Schedule B Part 2NONE
E03	Schedule BA Part 1 NONE
E03	Schedule BA Part 2 NONE
E04	Schedule D Part 3NONE
E05	Schedule D Part 4NONE
E06	Schedule DB Part A Section 1
E06	Schedule DB Part B Section 1
E07	Schedule DB Part C Section 1
E07	Schedule DB Part D Section 1NONE

STATEMENT AS OF  $June~30,\,2007$  of the Midwest~Health~Plan,~Inc.

## **SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1	2	3	4	5	Book Bala	alance at End of Each Month				
·	-						se at End of Each Month   Current Quarter			
			Amount	Amount of	6	7		1		
			of Interest	Interest						
			Received	Accrued						
			During	at Current						
		Rate of	Current	Statement	First	Second	Third			
Depository	Code	Interest	Quarter	Date	Month	Month	Month	*		
open depositories										
LaSalle Bank Midwest, N.A. Checking		4.250	92,119		5,014,996					
LaSalle Bank Midwest, N.A. Payroll Account					63,100	77,201	65,168	XXX		
0199998 Deposits in0 depositories that do not exceed the										
allowable limit in any one depository (See Instructions) - open depositories	XXX	X X X						XXX		
0199999 Totals - Open Depositories	XXX	X X X	92,119		5,078,096	7,275,289	8,100,364	XXX		
0299998 Deposits in0 depositories that do not exceed the										
allowable limit in any one depository (See Instructions) - suspended										
depositories	XXX	X X X						XXX		
0299999 Totals - Suspended Depositories	XXX	X X X						XXX		
0399999 Total Cash On Deposit		X X X	92,119		5,078,096	7,275,289	8,100,364	XXX		
0499999 Cash in Company's Office	XXX	X X X	. X X X .	X X X				XXX		
0599999 Total Cash	XXX	X X X	92,119		5,078,096	7,275,289	8,100,364	XXX		

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

**Show Investments Owned End of Current Quarter** 

1	2	3	4	5	6	7	8
						Amount of	Gross
		Date	Rate	Maturity	Book/Adjusted	Interest Due	Investment
Description	Code	Acquired	of Interest	Date	Carrying Value	& Accrued	Income
HSBC Finance Corp.		04/10/2007	0.000	07/09/2007	2.171.290	26,158	26.158
LaSalle Bank					, ,		
Prudential Funding		05/21/2007	0.000	07/05/2007	993,500	5,922	5,922
American Express		06/18/2007	0.000	08/17/2007	1,982,600	3,770	3,770
Prudential Funding		06/29/2007	0.000	07/30/2007			
Toyota Motor Credit		06/29/2007	0.000		-,,		1,077
AIĞ Funding		06/29/2007	0.000	08/02/2007	1,492,577	437	437
			0.000				
			0.000				
0199999					13,289,527	54,883	54,883



MEDICARE PART D COVERAGE SUPPLEMENT

**Net of Reinsurance** For the Quarter Ended June 30, 2007

NAI	C Group Code: 0000				NAIC Company (	Code: 95814
		Individual	Coverage	Group C	Coverage	5
		1	2	3	4	Total
		Insured	Uninsured	Insured	Uninsured	Cash
1.	Premiums Collected		X X X		X X X	
2.	Earned Premiums		X X X		X X X	X X X
3.	Claims Paid		X X X		X X X	
4.	Claims Incurred		X X X		X X X	X X X
5.	Reinsurance Coverage and Low Income Cost Sharing - Claims					
	Paid Net of Reimbursements Applied (a)			X X X		
6.	Paid Net of Reimbursements Applied (a)		<b>V</b> C		X X X	X X X
7.	Expenses Paid				X X X	
8.	Expenses Incurred		X X X		X X X	X X X
9.	Underwriting Gain or Loss		X X X		X X X	x x x
10.	Cash Flow Results	X X X	X X X	X X X	X X X	

(a) Uninsured Receivable/Payable with CMS at End of Quarter: \$......0 due from CMS or \$......0 due to CMS

# INDEX TO HEALTH QUARTERLY STATEMENT

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Income Taxes; Q2; Q3; Q4; Q5; Q10, Note 9

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Limited Partnership; Q10, Note 6 Long-Term Invested Assets; QE03 Managing General Agents; Q10, Note 19 Medicare Part D Coverage; QSupp1

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# INDEX TO HEALTH QUARTERLY STATEMENT

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